

SHOW DATES: July 10, 11,12 2026 Received at office:  
Date issued: \_\_\_\_\_ Date: \_\_\_\_\_

THE SOUTH LAKE COUNTY AGRICULTURAL HISTORICAL SOCIETY, INC.  
Crown Point, Indiana

APPLICATION FOR CONCESSION SPACE

Please print:

Name: \_\_\_\_\_ Sales Tax # \_\_\_\_\_

Street: \_\_\_\_\_ Phone # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SPACE FOR 3 DAYS	Cost
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Up to 10-foot minimum serving area - <u>\$250.00</u>	\$ _____
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<u>\$10.00</u> per foot over 10 Ft.	\$ _____
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Electric hook up (checked by electrician) per drop  
Electrical payment is due with contract.

Amps needed: 110 - <u>\$60.00</u> 220 - <u>\$90.00</u> (circle one)	\$ _____
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<u>TOTAL</u>	\$ _____
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Items to be sold must be listed here: Only those items listed will be permitted to be sold.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Location to be assigned by Concession Chairperson.

SIGNED: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
Lessee for Society

CONDITIONS OF CONTRACT:

The exhibitor's use of the assigned space and the fairgrounds will be subject to the following conditions:

1. The rental fee entitles the exhibitor to use the space from 6:00 a.m. on Thurs. July 9 through 7:00 p.m. on Sunday July 12
2. The exhibitor's space must always be manned by the person responsible or a designee for the exhibition.
3. No food or drinks are to be sold unless you have an appropriate food contract.
4. The South Lake County Agricultural Historical Society, Inc., is not responsible for any loss or damage to the person or property of the exhibition or to its employees from fire, act of God, or otherwise, and is hereby released from any and all liabilities of any kind.
5. The exhibitor shall abide by all laws of the State of Indiana, County of Lake, and the city of Crown Point.
6. The South Lake County Agricultural Historical Society, Inc., shall assign the exhibitor space at its discretion within the exhibition area and the assignment of the Society shall be final. Space shall be assigned by the Society for the best advantage of the total exhibition.
7. If not covered by the South Lake County Agricultural Historical Society, Inc.'s insurance the exhibitor shall and will, indemnify and hold any and all County entities, including but not limited to the County of Lake, the Board of Commissioners of the County of Lake, the Lake County Fairgrounds, its elected officials, its appointed officials, its officers, its employees, its departments, or boards and/or agents harmless from and against all damages, injuries, losses, claims, demands or costs proximately caused by the fault, culpability, or negligence of the exhibitor, its officials, officers, employees and/or agents during the exhibition.
8. The exhibitor shall be responsible for any damage to property at Lake County Fairgrounds owned by the County of Lake that is damaged or destroyed by the Exhibitor or by acts of persons for which the exhibitor is responsible.
9. The exhibition is being sponsored by the South Lake County Agricultural Historical Society, Inc., and exhibitors agree that the Society shall retain authority

to manage the total exhibition area on the dates of the exhibition.

10. If the exhibition is cancelled because of any act of God or any event beyond the control of the Society prior to 8:00 a.m. on Thurs. July 9 the lease shall terminate and the exhibitor waives any claim to damage except the return of whatever deposit which was previously paid. After the date and time, no refund of the deposit shall be made.
11. The character of the exhibit shall be limited to things that are suitable for the show. All items must be truthfully represented.
12. The exhibition space identified in the above paragraph shall be made available to the exhibitor. Any tables, covers, or other exhibition equipment shall be supplied by the exhibitor.
13. No exhibit shall be removed until the closure of the show, unless permission has been granted by the Society.
14. Checks shall be made payable to the SOUTH LAKE COUNTY AGRICULTURAL HISTORICAL SOCIETY, INC. and sent to the following person:  
Address: SLCAHS/Lori King                      Chairman of Concessions  
            PO Box 847  
            Crown Point, IN 46308  
  
Only certified cashier's checks or cash accepted thirty (30) days prior to the show.
15. The exhibition fee will not be returned unless the exhibitor's reservation is cancelled on or before June 28, 2026, by submitting a written letter of cancellation to the person/address listed in the above paragraph.
16. This application is not valid until, and the exhibition contract is not in effect unless the application is accompanied by the exhibitor's fee, completed in full, and signed by the Chairman of the Department, South Lake County Agricultural Historical Society, Inc.
17. Two exhibitor's tickets will be provided free of charge with each exhibitor's contract. No exhibitor's tickets will be given out until the contract fee is paid in full. Additional helper tickets may be purchased for the three days at \$2.00 each. Helper's tickets may be ordered and purchased at the time when mailing in the Contract or at the show.
18. The South Lake County Agricultural Historical Society, Inc., recommends that each concession has a product liability insurance policy to cover any claims that may be brought against them. The Society's insurance company requires that all vendors

have a statement showing proof of insurance and sent to us at least two weeks prior to the show. We cannot set you up if we do not have a certificate from your insurance company.

19. ALL CONCESSIONS MUST HAVE A CURRENT LAKE COUNTY INDIANA BOARD OF HEALTH FOOD PERMIT.

FOR INFORMATION CALL: (219)333-0070

Keep this page for your records and return pages 1 and 4.

**Make sure that all are signed, and payment is enclosed. Please send a certificate of insurance and a copy of the Board of Health Food Permit.**

I have read, fully understand, and agree to abide by the above conditions, regulations, and restrictions governing the use of the above facilities at the Lake County Fairgrounds and for the strict observance of the rules and regulations relative to the use of the facilities.

EXHIBITOR'S NAME \_\_\_\_\_

Please Print

SIGNATURE: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

The above application is hereby approved this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Chairman of Concessions  
South Lake County Agricultural  
Historical Society, Inc.

EXHIBITOR'S TICKETS ISSUED: \_\_\_\_\_